

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90028 021 ***150.00

DOCUMENT # P04000051351					
1. Entity Name CTR REAL ESTATE APPRAISAL & CONSULTING, INC.					
Principal Place of Business 1980 SCHOPKE LESTER RD APOPKA, FL 32712			Mailing Address 1980 SCHOPKE LESTER RD APOPKA, FL 32712		
2. Principal Place of Business 205 S. CENTRAL AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State APOPKA FL		City & State		4. FEI Number 20-0862833	
Zip 32703		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOUBERLEY, MICHAEL 1980 SCHOPKE LESTER RD APOPKA, FL 32712			7. Name and Address of New Registered Agent Name: DOUBERLEY, MICHAEL Street Address (P.O. Box Number is Not Acceptable): 205 S. CENTRAL AVE City: APOPKA FL Zip Code: 32703		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUBERLEY, MICHAEL 1980 SCHOPKE LESTER RD APOPKA, FL 32712 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOUBERLEY, MICHAEL 205 S. CENTRAL AVE APOPKA, FL 32703 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Director		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/16/05 (407) 325-9936 <small>Date Daytime Phone #</small>		